

Application for Baptism

The Church of St John The Baptist, Glastonbury

Date:

Time:

Please return this form to: **FAO: MRS. S. WILSON, ADMINISTRATOR, PARISH OFFICE, 3 CHURCH LANE, GLASTONBURY, BA6 9JQ.**

Child's Christian Names and Surname:	Date of Birth:

Christian Names:	Surname:	Occupation:	Baptised:	Confirmed:
Father:				
Mother:				

Parent's Address:	Landline Number / Mobile Number / Email:

Full Name of Godparent/s:	Baptised:	Confirmed:

<u>Your Consent to Keep in touch with you:</u>			
Please indicate, by ticking the box/es below how, and if, you would like us to keep in touch with you informing you of any special services &/ or events in our church:			
<input type="checkbox"/> Post:	<input type="checkbox"/> Email:	<input type="checkbox"/> Telephone:	<input type="checkbox"/> No, I do not wish to be contacted, please delete my details: